

TRANSMITTAL FORM

Attorney Docket No.
STL920000089US1/1914PIn re the application of: **Jennie CHING, et al.**Confirmation No: **4574**Serial No. **09/784,865**Group Art Unit: **2162**Filed: **February 15, 2001**Examiner: **Fleurantin, Jean B.**For: **Method and System for File System Synchronization Between A Central Site And A Plurality of Remote Sites**

ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Substitute Form 1449	<input type="checkbox"/>	Drawings	<input checked="" type="checkbox"/>	Reply Brief
<input type="checkbox"/>	Reference Copies	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to			
<input type="checkbox"/>	Executed Declaration by inventor(s)				


CLAIMS

FOR	Claims Remaining	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	15	20	0	\$ 50.00	\$ 0.00
Independent Claims	3	3	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Erin C. Ming, Reg. No. 47,797
Signature	
Date	October 10, 2006

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted via the USPTO-EFS-Web on 10/10/2006

Type or printed name	Jackie Tanda
Signature	